



# HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2004  
OF THE CONDITION AND AFFAIRS OF THE

## CIGNA HealthCare of Maine, Inc.

NAIC Group Code 0901 0901 NAIC Company Code 95447 Employer's ID Number 01-0418220  
(Current Period) (Prior Period)

Organized under the Laws of Maine, State of Domicile or Port of Entry Maine

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Dental Service Corporation [ ]  
Vision Service Corporation [ ] Other [ ] Health Maintenance Organization [ X ]  
Hospital, Medical & Dental Service or Indemnity [ ] Is HMO, Federally Qualified? Yes [ X ] No [ ]

Date Incorporated 03/01/1986 Commenced Business 04/01/1987

Statutory Home Office 2 Stonewood Drive, Freeport, ME 04032-0447  
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 2 Stonewood Drive  
(Street and Number)  
Freeport, ME 04032-0447 207-865-5000  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 900 Cottage Grove Road, Hartford, CT 06152-1228  
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 900 Cottage Grove Road  
(Street and Number)  
Hartford, CT 06152-1228 860-226-6192  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.cigna.com

Statutory Statement Contact Tracy Lynn Trudeau 860-226-6192  
(Name) (Area Code) (Telephone Number) (Extension)  
Tracy.Trudeau@cigna.com 860-226-6443  
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Policyowner Relations Contact P.O. Box 447, 2 Stonewood Drive  
(Street and Number)  
Freeport, ME 04032-0447 800-244-6224  
(City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

### OFFICERS

Name	Title	Name	Title
<u>Donald Michael Curry</u>	<u>President</u>	<u>Vincent Lewis Shreckengast #</u>	<u>Vice President</u>
<u>Steven Todd Crooke #</u>	<u>Assistant Secretary</u>	<u>David Mathew Porcello</u>	<u>Assistant Treasurer</u>

### OTHER OFFICERS

<u>Leslie Neil Campbell #</u>	<u>Vice President</u>	<u>Shawn Michael Fitzgibbon #</u>	<u>Vice President</u>
<u>John Patrick Frey</u>	<u>Vice President</u>	<u>Glenn Michael Gerhard</u>	<u>Vice President</u>
<u>Robert Paul Hockmuth M.D.</u>	<u>Vice President</u>	<u>Barry Richard Mchale</u>	<u>Vice President</u>
<u>Jeffrey Lynn Novak #</u>	<u>Vice President</u>	<u>David Mathew Porcello</u>	<u>Vice President</u>
<u>Roberta Parker Schmidt</u>	<u>Vice President</u>	<u>Edward M. Tanida</u>	<u>Vice President</u>
<u>Bach Mai Thi Thai</u>	<u>Vice President</u>	<u>Michael Richard Wise #</u>	<u>Vice President</u>
<u>Lynn Marie Wytas</u>	<u>Vice President</u>	<u>Chuie Lan Yuen M.D.</u>	<u>Vice President</u>

### DIRECTORS OR TRUSTEES

<u>William Allen Schaffer M.D.</u>	<u>Vincent Lewis Shreckengast #</u>	<u>Chuie Lan Yuen M.D.</u>
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State of .....Connecticut.....

County of .....Hartford.....

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The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Vincent Lewis Shreckengast  
Vice President

Steven Todd Crooke  
Assistant Secretary

David Mathew Porcello  
Assistant Treasurer

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 2004

\_\_\_\_\_

a. Is this an original filing?

Yes [ X ] No [   ]

b. If no,

1. State the amendment number \_\_\_\_\_

2. Date filed \_\_\_\_\_

3. Number of pages attached \_\_\_\_\_

ASSETS

	Current Statement Date			4  December 31 Prior Year Net Admitted Assets
	1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	39,361,133		39,361,133	39,417,922
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....3,812,447 ), cash equivalents (\$ ..... ) and short-term investments (\$ .....0 ) .....	3,812,447		3,812,447	2,364,547
6. Contract loans, (including \$ .....premium notes)			0	0
7. Other invested assets .....	0	0	0	0
8. Receivable for securities .....			0	0
9. Aggregate write-ins for invested assets .....	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9) .....	43,173,580	0	43,173,580	41,782,469
11. Investment income due and accrued .....	566,280		566,280	594,923
12. Premiums and considerations:				
12.1 Uncollected premiums and agents' balances in the course of collection .....	1,911,542	275,618	1,635,924	4,943,693
12.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
12.3 Accrued retrospective premiums .....			0	0
13. Reinsurance:				
13.1 Amounts recoverable from reinsurers .....			0	0
13.2 Funds held by or deposited with reinsured companies .....			0	0
13.3 Other amounts receivable under reinsurance contracts .....			0	0
14. Amounts receivable relating to uninsured plans .....			0	0
15.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
15.2 Net deferred tax asset .....	1,028,722	360,519	668,203	682,440
16. Guaranty funds receivable or on deposit .....			0	0
17. Electronic data processing equipment and software .....			0	0
18. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	165,751	165,751	0	0
19. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
20. Receivables from parent, subsidiaries and affiliates .....	554,572		554,572	1,228,041
21. Health care (\$ ..... ) and other amounts receivable .....	1,299,996	997,215	302,781	1,230,632
22. Other assets nonadmitted .....	80,834	80,834	0	0
23. Aggregate write-ins for other than invested assets .....	240,000	240,000	0	21,849
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	49,021,277	2,119,937	46,901,340	50,484,047
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
26. Total (Lines 24 and 25)	49,021,277	2,119,937	46,901,340	50,484,047
DETAILS OF WRITE-INS				
0901. ....				
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	0	0
2301. OTHER LONG TERM ASSETS .....	240,000	240,000	0	0
2302. MISC RECEIPTS .....			0	21,849
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	240,000	240,000	0	21,849

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....25,316 reinsurance ceded)	.....14,473,670	.....721,095	.....15,194,765	.....18,100,465
2. Accrued medical incentive pool and bonus amounts .....	.....230,433		.....230,433	.....359,623
3. Unpaid claims adjustment expenses .....	.....1,060,960		.....1,060,960	.....1,673,220
4. Aggregate health policy reserves .....			.....0	.....0
5. Aggregate life policy reserves .....			.....0	.....0
6. Property/casualty unearned premium reserve .....			.....0	.....0
7. Aggregate health claim reserves .....			.....0	.....0
8. Premiums received in advance .....	.....904,394		.....904,394	.....851,605
9. General expenses due or accrued .....	.....253,646		.....253,646	.....353,707
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)) .....	.....1,475,582		.....1,475,582	.....3,344,603
10.2 Net deferred tax liability.....			.....0	.....0
11. Ceded reinsurance premiums payable .....			.....0	.....0
12. Amounts withheld or retained for the account of others .....			.....0	.....0
13. Remittances and items not allocated .....			.....0	.....0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			.....0	.....0
15. Amounts due to parent, subsidiaries and affiliates .....	.....664,214		.....664,214	.....795,840
16. Payable for securities .....			.....0	.....0
17. Funds held under reinsurance treaties with (\$ ..... authorized reinsurers and \$ .....unauthorized reinsurers) .....			.....0	.....0
18. Reinsurance in unauthorized companies .....			.....0	.....0
19. Net adjustments in assets and liabilities due to foreign exchange rates .....			.....0	.....0
20. Liability for amounts held under uninsured accident and health plans .....			.....0	.....0
21. Aggregate write-ins for other liabilities (including \$ ..... current) .....	.....1,965,419	.....0	.....1,965,419	.....2,000,775
22. Total liabilities (Lines 1 to 21).....	.....21,028,318	.....721,095	.....21,749,413	.....27,479,838
23. Common capital stock .....	.....XXX	.....XXX	.....100	.....100
24. Preferred capital stock .....	.....XXX	.....XXX		.....0
25. Gross paid in and contributed surplus .....	.....XXX	.....XXX	.....3,056,360	.....3,056,360
26. Surplus notes .....	.....XXX	.....XXX		.....0
27. Aggregate write-ins for other than special surplus funds .....	.....XXX	.....XXX	.....0	.....0
28. Unassigned funds (surplus) .....	.....XXX	.....XXX	.....22,095,467	.....19,947,749
29. Less treasury stock, at cost:				
29.1 .....shares common (value included in Line 23) \$ ..... ) .....	.....XXX	.....XXX		.....0
29.2 .....shares preferred (value included in Line 24) \$ ..... ) .....	.....XXX	.....XXX		.....0
30. Total capital and surplus (Lines 23 to 28 minus Line 29) .....	.....XXX	.....XXX	.....25,151,927	.....23,004,209
31. Total liabilities, capital and surplus (Lines 22 and 30)	.....XXX	.....XXX	.....46,901,340	.....50,484,047
DETAILS OF WRITE-INS				
2101. STATE TAXES PAYABLE.....	.....1,444,351		.....1,444,351	.....1,434,202
2102. STATE IMMUNIZATION ACCRUAL.....	.....429,740		.....429,740	.....429,740
2103. MISCELLANEOUS RECEIPTS.....	.....57,329		.....57,329	.....136,833
2198. Summary of remaining write-ins for Line 21 from overflow page .....	.....33,999	.....0	.....33,999	.....0
2199. Totals (Lines 2101 thru 2103 plus 2198) (Line 21 above)	.....1,965,419	.....0	.....1,965,419	.....2,000,775
2701. AVR - SURPLUS.....	.....XXX	.....XXX		.....0
2702. ....	.....XXX	.....XXX		
2703. ....	.....XXX	.....XXX		
2798. Summary of remaining write-ins for Line 27 from overflow page .....	.....XXX	.....XXX	.....0	.....0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	.....XXX	.....XXX	.....0	.....0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	75,900	114,199
2. Net premium income (including ..... non-health premium income).....	XXX	23,398,393	31,787,201
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0
5. Risk revenue .....	XXX		0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	23,398,393	31,787,201
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		12,942,247	20,581,410
10. Other professional services .....		774,945	1,788,199
11. Outside referrals .....	801,785	801,785	1,635,481
12. Emergency room and out-of-area .....	47,429	954,303	1,135,367
13. Prescription drugs .....		2,640,426	3,324,690
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		(235,507)	(72,789)
16. Subtotal (Lines 9 to 15) .....	849,214	17,878,199	28,392,358
<b>Less:</b>			
17. Net reinsurance recoveries .....		(15,821)	176,848
18. Total hospital and medical (Lines 16 minus 17) .....	849,214	17,894,020	28,215,510
19. Non-health claims .....			0
20. Claims adjustment expenses, including \$ 671,171 ..... cost containment expenses.....		1,209,147	830,658
21. General administrative expenses.....		1,445,792	2,444,117
22. Increase in reserves for life and accident and health contracts including \$ ..... increase in reserves for life only).....			0
23. Total underwriting deductions (Lines 18 through 22) .....	849,214	20,548,959	31,490,285
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	2,849,434	296,916
25. Net investment income earned (Exhibit of Net Investment income, Line 17).....		466,232	374,167
26. Net realized capital gains (losses) .....			(1,001)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	466,232	373,166
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....			0
29. Aggregate write-ins for other income or expenses .....	0	834	0
30. Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	3,316,500	670,082
31. Federal and foreign income taxes incurred .....	XXX	982,829	(60,019)
32. Net income (loss) (Lines 30 minus 31) .....	XXX	2,333,671	730,101
<b>DETAILS OF WRITE-INS</b>			
0601. OTHER INCOME.....	XXX		0
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above) .....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above) .....	XXX	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above) .....	0	0	0
2901. Other Income.....		834	0
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above) .....	0	834	0

CAPITAL AND SURPLUS ACCOUNT

	1 Current Year to Date	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT:</b>		
33. Capital and surplus prior reporting year.....	23,004,209	21,712,363
<b>GAINS AND LOSSES TO CAPITAL &amp; SURPLUS:</b>		
34. Net income or (loss) from Line 32 .....	2,333,671	6,078,624
35. Change in valuation basis of aggregate policy and claim reserves .....		0
36. Net unrealized capital gains and losses .....		0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....	41,690	(419,984)
39. Change in nonadmitted assets .....	(227,643)	1,211,536
40. Change in unauthorized reinsurance .....	0	0
41. Change in treasury stock .....		0
42. Change in surplus notes .....	0	(5,681,808)
43. Cumulative effect of changes in accounting principles .....		0
44. Capital Changes:		
44.1 Paid in .....		0
44.2 Transferred from surplus (Stock Dividend) .....		0
44.3 Transferred to surplus .....		0
45. Surplus adjustments:		
45.1 Paid in .....		0
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....		0
46. Dividends to stockholders .....		0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	103,478
48. Net change in capital & surplus (Lines 34 to 47) .....	2,147,718	1,291,846
49. Capital and surplus end of reporting period (Line 33 plus 48)	25,151,927	23,004,209
<b>DETAILS OF WRITE-INS</b>		
4701. CHANGE IN AVR - SURPLUS.....		77,707
4702. KAISER STATE TAX.....		26,291
4703. CORRECTION OF PRIOR PERIOD.....		(520)
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	0	103,478

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance.....	26,707,527	119,121,089
2. Net investment income .....	551,664	2,419,462
3. Miscellaneous income .....	0	4,925
4. Total (Lines 1 to 3) .....	27,259,191	121,545,476
5. Benefits and loss related payments .....	20,146,041	100,291,198
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts.....		0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	3,342,570	12,313,088
8. Dividends paid to policyholders .....		0
9. Federal and foreign income taxes paid (recovered) \$ ..... net of tax on capital gains (losses)	2,851,850	871,855
10. Total (Lines 5 through 9) .....	26,340,461	113,476,141
11. Net cash from operations (Line 4 minus Line 10) .....	918,730	8,069,335
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	0	890,792
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	23,888
12.7 Miscellaneous proceeds .....	0	32,060
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	946,740
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	0	14,586,967
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	24,763
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	14,611,730
14. Net increase (or decrease) in policy loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	0	(13,664,990)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	(5,681,808)
16.2 Capital and paid in surplus, less treasury stock.....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied).....	529,170	(2,409,623)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	529,170	(8,091,431)
<b>RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash and short-term investments (Line 11 plus Lines 15 and 17) .....	1,447,900	(13,687,086)
19. Cash and short-term investments:		
19.1 Beginning of period .....	2,364,547	16,051,633
19.2 End of period (Line 18 plus Line 19.1) .....	3,812,447	2,364,547

STATEMENT AS OF MARCH 31, 2004 OF THE CIGNA HealthCare of Maine, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
<b>Total Members at end of:</b>													
1. Prior Year .....	32,392	33	32,359	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2 First Quarter .....	24,990	27	24,963										
3 Second Quarter .....	.0												
4. Third Quarter .....	.0												
5. Current Year	0												
6 Current Year Member Months	75,900	83	75,817										
<b>Total Member Ambulatory Encounters for Period:</b>													
7. Physician .....	25,354	40	25,314										
8. Non-Physician .....	8,188	56	8,132										
9. Total	33,542	96	33,446	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,082		1,082										
11. Number of Inpatient Admissions	312		312										
12. Health Premiums Written .....	23,671,633	25,886	23,645,747										
13. Life Premiums Direct.....	.0												
14. Property/Casualty Premiums Written .....	.0												
15. Health Premiums Earned .....	20,346,628	22,250	20,324,378										
16. Property/Casualty Premiums Earned .....	.0												
17. Amount Paid for Provision of Health Care Services .....	20,928,939	22,887	20,906,052										
18. Amount Incurred for Provision of Health Care Services	17,878,199	19,551	17,858,648										



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UNDERWRITING AND INVESTMENT EXHIBIT  
ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....	11,344,491	9,690,735	5,252,441	9,942,324	16,596,932	18,100,465
2. Medicare Supplement .....					.0	.0
3. Dental Only .....					.0	.0
4. Vision Only .....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid .....					.0	.0
8. Other Health .....					.0	.0
9. Health Subtotal (Lines 1 to 8).....	11,344,491	9,690,735	5,252,441	9,942,324	16,596,932	18,100,465
10. Other non-health .....					.0	.0
11. Medical incentive pools and bonus amounts .....	(106,317)		230,434		124,117	359,623
12. Totals	11,238,174	9,690,735	5,482,875	9,942,324	16,721,049	18,460,088

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of CIGNA HealthCare of Maine, Inc., (the Company), have been prepared in conformity with accounting practices prescribed or permitted by the State of Maine Department of Insurance.

The State of Maine Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Maine for determining and reporting the financial condition and results of operations of a Health Maintenance Organization (HMO), for determining its solvency under the State of Maine Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Maine.

NOTE 2 - Accounting Changes and Corrections of Errors

None

NOTE 9 - Income Taxes

The Company and its Parent are included in the consolidated federal income tax return filed by CIGNA Corporation (CIGNA). The Company's federal income tax return is combined with the entities noted on Schedule Y – Part I – Organizational Chart.

The method of allocation between the companies is subject to written agreement approved by the Board of Directors. Allocation is based upon separate return calculations with current credit for net losses. Intercompany tax balances are settled quarterly.

A. The components of the net Deferred Tax Asset recognized in the Company's Assets, Liabilities, Surplus and Other Funds are as follows:

	Mar. 31, 2004	Dec. 31, 2003
Total of gross deferred tax assets	1,109,827	999,540
Total of deferred tax liabilities	(81,105)	(12,508)
Net deferred tax asset	1,028,722	987,032
Deferred tax asset nonadmitted	(360,519)	(304,592)
Net admitted deferred tax asset	668,203	682,440
(Increase) decrease in nonadmitted asset	(55,927)	

B. The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	Mar. 31, 2004	Dec. 31, 2003	Change
Total deferred tax assets	1,109,827	999,540	110,287
Total deferred tax liabilities	81,105	12,508	68,597
Net deferred tax asset (liability)	1,028,722	987,032	41,690
Tax effect of unrealized gains (losses)			0
Change in net deferred income tax			41,690
Less: Change in deferred tax on nonadmitted assets			60,101
Adjusted Change in net deferred income tax			(18,411)

C. The provision for federal and foreign income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing the difference are as follows:

	Mar. 21, 2004	Effective Tax Rate
Provision computed at statutory rate	1,160,775	35.0%
Tax exempt interest income (net)	(121,036)	-3.6%
Meals and entertainment	153	0.0%
Other	(38,652)	-1.2%
Total	1,001,240	30.2%
Federal and foreign income taxes incurred	982,829	29.6%
Change in net deferred income taxes	18,411	0.6%
Total statutory income taxes	1,001,240	30.2%

NOTES TO FINANCIAL STATEMENTS

The effective rate reconciliation as shown above discloses one-quarter of the Company’s full-year projected rate reconciling items adjusted by an amount that represents the effect of recording taxes using an effective rate approach as prescribed by SSAP 10. The adjustment results when the income of the plan in the first quarter differs from one-fourth of the Company’s planned income for the full year.

D. CIGNA's indirectly wholly-owned domestic subsidiary insurance companies have entered into a Consolidated Federal Income Tax Agreement ( the "Agreement") which became effective as of April 1, 1982. The Agreement sets forth the method of allocation of federal income taxes for CIGNA and its wholly-owned domestic subsidiaries, including insurance subsidiaries. The Agreement provides for immediate reimbursement to companies with net operating losses to the extent that their losses are used to reduce consolidated taxable income; while those companies with current taxable income as calculated under federal separate return provision, are liable for payments determined as if they had each filed a separate return. However, current credit is given for any foreign tax credit, operating loss or investment tax credit carryovers actually used in the current consolidated return.

**NOTE 13 – Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations**

None

**NOTE 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

- A. Transfers of Receivables Reported as Sales  
None
- B. Transfer and Servicing of Financial Assets  
None
- C. Wash Sales  
None

**NOTE 22 - Events Subsequent**

None

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1

Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements? .....

Yes [ ] No [X]
- 1.2

If yes, explain:  
.....
- 2.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? .....

Yes [ ] No [X]
- 2.2

If yes, has the report been filed with the domiciliary state? .....

Yes [ ] No [ ]
- 3.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? .....

Yes [ ] No [X]
- 3.2

If yes, date of change: .....  
If not previously filed, furnish herewith a certified copy of the instrument as amended.
4.

Have there been any substantial changes in the organizational chart since the prior quarter end? .....

Yes [X] No [ ]

If yes, complete the Schedule Y - Part 1 - organizational chart.
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....

Yes [ ] No [X]
- 5.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....
.....	.....	.....
.....	.....	.....

6.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? .....

If yes, attach an explanation.

Yes [ ] No [X] NA [ ]
- 7.1

State as of what date the latest financial examination of the reporting entity was made or is being made. ....

12/31/2002
- 7.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....

12/31/1999
- 7.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....

12/31/1999
- 7.4

By what department or departments?  
Maine Bureau of Insurance.....
- 8.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) .....

Yes [ ] No [X]
- 8.2

If yes, give full information:  
.....
- 9.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?.....

Yes [ ] No [X]
- 9.2

If response to 9.1 is yes, please identify the name of the bank holding company.  
.....
- 9.3

Is the company affiliated with one or more banks, thrifts or securities firms?.....

Yes [X] No [ ]
- 9.4

If response to 9.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
CIGNA Bank & Trust Company, FSB.....	Hartford, CT.....	.....	.....	Yes.....	.....	.....
CIGNA Financial Services, Inc.....	Hartford, CT.....	.....	.....	.....	.....	Yes.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....

GENERAL INTERROGATORIES  
INVESTMENT

10.1 Has there been any change in the reporting entity's own preferred or common stock? ..... Yes [ ] No [X]  
10.2 If yes, explain:  
.....

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [ ] No [X]  
11.2 If yes, give full and complete information relating thereto:  
.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: .....\$ .....

13. Amount of real estate and mortgages held in short-term investments: .....\$ .....

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [ ] No [X]

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Statement Value	Current Quarter Statement Value
14.21 Bonds .....	\$ .....	\$ .....
14.22 Preferred Stock .....	\$ .....	\$ .....
14.23 Common Stock .....	\$ .....	\$ .....
14.24 Short-term Investments .....	\$ .....	\$ .....
14.25 Mortgages, Loans or Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0	\$ .....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....
14.29 Receivable from Parent not included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ]

If no, attach a description with this statement.

16. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV.H - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [X] No [ ]

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian Address
JPMorgan Chase.....	3 Chase MetroTech Center N. American Insurance Group, 6th Floor Brooklyn, NY 11245.....

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

16.3 Have there been any changes, including name changes in the custodian(s) identified in 16.1 during the current quarter? ..... Yes [ ] No [X]

16.4 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository	Name(s)	Address

SCHEDULE A - VERIFICATION

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Increase (decrease) by adjustment		0
3. Cost of acquired		0
4. Cost of additions to and permanent improvements		0
5. Total profit (loss) on sales		0
6. Increase (decrease) by foreign exchange adjustment		0
7. Amount received on sales		0
8. Book/adjusted carrying value at end of current period	0	0
9. Total valuation allowance		0
10. Subtotal (Lines 8 plus 9)	0	0
11. Total nonadmitted amounts		0
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	0	0

SCHEDULE B – VERIFICATION

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Amount loaned during period:		
2.1. Actual cost at time of acquisitions		0
2.2. Additional investment made after acquisitions		0
3. Accrual of discount and mortgage interest points and commitment fees		0
4. Increase (decrease) by adjustment		0
5. Total profit (loss) on sale		0
6. Amounts paid on account or in full during the period		0
7. Amortization of premium		0
8. Increase (decrease) by foreign exchange adjustment		0
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0	0
10. Total valuation allowance		0
11. Subtotal (Lines 9 plus 10)	0	0
12. Total nonadmitted amounts		0
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)	0	0

SCHEDULE BA – VERIFICATION

Other Invested Assets Included in Schedule BA

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquisitions during period:		
2.1. Actual cost at time of acquisitions		0
2.2. Additional investment made after acquisitions		0
3. Accrual of discount		0
4. Increase (decrease) by adjustment		0
5. Total profit (loss) on sale		0
6. Amounts paid on account or in full during the period		0
7. Amortization of premium		0
8. Increase (decrease) by foreign exchange adjustment		0
9. Book/adjusted carrying value of long-term invested assets at end of current period	0	0
10. Total valuation allowance		0
11. Subtotal (Lines 9 plus 10)	0	0
12. Total nonadmitted amounts		0
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	0	0

SCHEDULE D - VERIFICATION

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	39,417,922	25,902,168
2. Cost of bonds and stocks acquired		14,586,967
3. Accrual of discount	2,451	11,158
4. Increase (decrease) by adjustment		0
5. Increase (decrease) by foreign exchange adjustment		0
6. Total profit (loss) on disposal		890,792
7. Consideration for bonds and stocks disposed of		191,579
8. Amortization of premium	59,240	39,417,922
9. Book/adjusted carrying value, current period	39,361,133	0
10. Total valuation allowance		39,417,922
11. Subtotal (Lines 9 plus 10)	39,361,133	0
12. Total nonadmitted amounts		39,417,922
13. Statement value	39,361,133	39,417,922

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 .....	39,165,854			(56,603)	39,109,251	.0	.0	39,165,854
2. Class 2 .....	252,068			(186)	251,882	.0	.0	252,068
3. Class 3 .....	.0				.0	.0	.0	.0
4. Class 4 .....	.0				.0	.0	.0	.0
5. Class 5 .....	.0				.0	.0	.0	.0
6. Class 6 .....	0				0	0	0	0
7. Total Bonds	39,417,922	0	0	(56,789)	39,361,133	0	0	39,417,922
<b>PREFERRED STOCK</b>								
8. Class 1 .....	.0				.0	.0	.0	
9. Class 2 .....	.0				.0	.0	.0	
10. Class 3 .....	.0				.0	.0	.0	
11. Class 4 .....	.0				.0	.0	.0	
12. Class 5 .....	.0				.0	.0	.0	
13. Class 6 .....	0				0	0	0	
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	39,417,922	0	0	(56,789)	39,361,133	0	0	39,417,922



SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter					
	1	2	3	4	5
	Book/Adjusted Carrying Value	Carrying Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
8299999 Totals		XXX			

SCHEDULE DA - PART 2- Verification

Short-Term Investments Owned		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of short-term investments acquired .....		17,928,286
3. Increase (decrease) by adjustment .....		24,763
4. Increase (decrease) by foreign exchange adjustment .....		0
5. Total profit (loss) on disposal of short-term investments .....		(875)
6. Consideration received on disposal of short-term investments .....		17,952,174
7. Book/adjusted carrying value, current period .....	0	0
8. Total valuation allowance .....		0
9. Subtotal (Lines 7 plus 8) .....	0	0
10. Total nonadmitted amounts .....		0
11. Statement value (Lines 9 minus 10) .....	0	0
12. Income collected during period .....		24,763
13. Income earned during period .....		24,763

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S

NONE

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

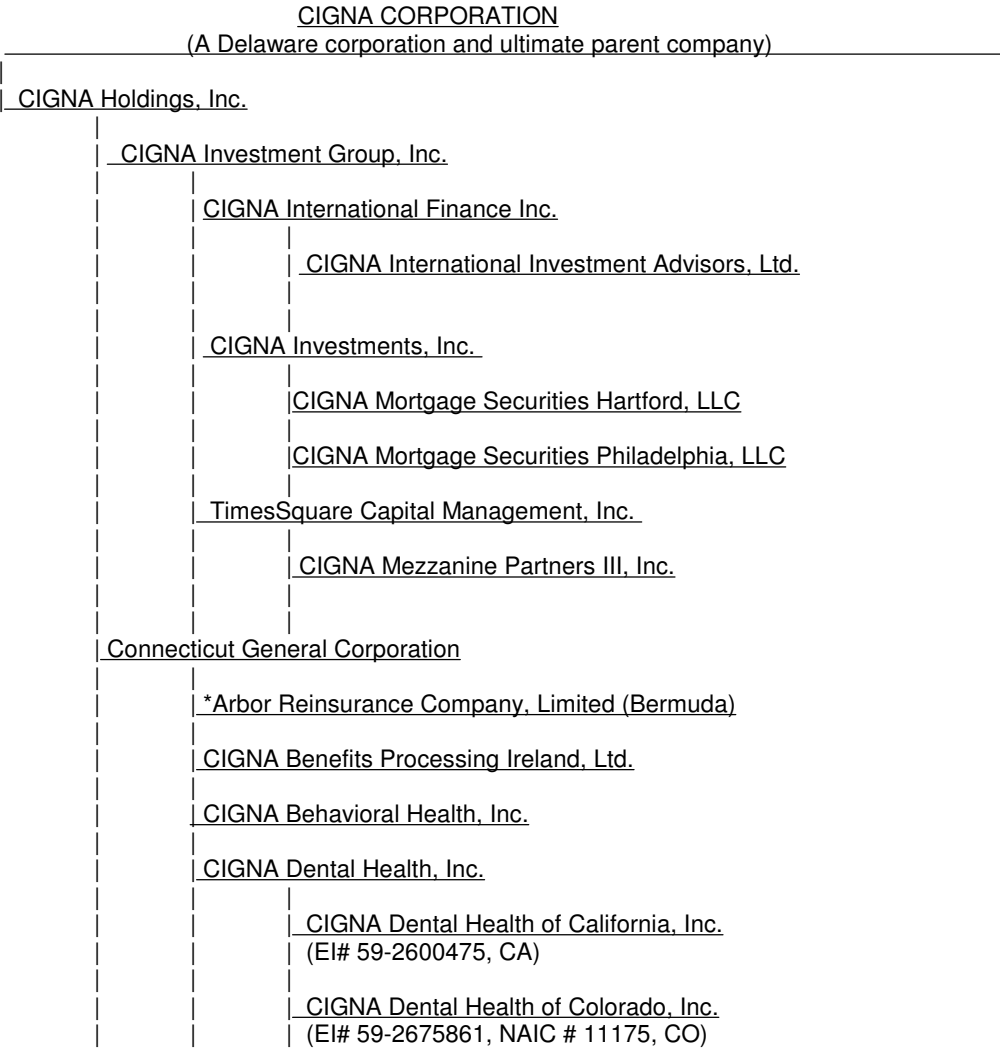
States, Etc.		1	2	Direct Business Only Year-to-Date					
		Guaranty Fund (Yes or No)	Is Insurer Licensed? (Yes or No)	3 Accident and Health Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefit Program Premiums	7 Life and Annuity Premiums and Deposit-Type Contract Funds	8 Property/ Casualty Premiums
1. Alabama	AL								
2. Alaska	AK								
3. Arizona	AZ								
4. Arkansas	AR								
5. California	CA								
6. Colorado	CO								
7. Connecticut	CT								
8. Delaware	DE								
9. District of Columbia	DC								
10. Florida	FL								
11. Georgia	GA								
12. Hawaii	HI								
13. Idaho	ID								
14. Illinois	IL								
15. Indiana	IN								
16. Iowa	IA								
17. Kansas	KS								
18. Kentucky	KY								
19. Louisiana	LA								
20. Maine	ME	No	Yes	23,671,633					
21. Maryland	MD								
22. Massachusetts	MA								
23. Michigan	MI								
24. Minnesota	MN								
25. Mississippi	MS								
26. Missouri	MO								
27. Montana	MT								
28. Nebraska	NE								
29. Nevada	NV								
30. New Hampshire	NH								
31. New Jersey	NJ								
32. New Mexico	NM								
33. New York	NY								
34. North Carolina	NC								
35. North Dakota	ND								
36. Ohio	OH								
37. Oklahoma	OK								
38. Oregon	OR								
39. Pennsylvania	PA								
40. Rhode Island	RI								
41. South Carolina	SC								
42. South Dakota	SD								
43. Tennessee	TN								
44. Texas	TX								
45. Utah	UT								
46. Vermont	VT								
47. Virginia	VA								
48. Washington	WA								
49. West Virginia	WV								
50. Wisconsin	WI								
51. Wyoming	WY								
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Canada	CN								
57. Aggregate Other Alien	OT	XXX	XXX	0	0	0	0	0	0
58. Total (Direct Business)		XXX	(a) 1	23,671,633	0	0	0	0	0
DETAILS OF WRITE-INS									
5701. ....									
5702. ....									
5703. ....									
5798. Summary of remaining write-ins for Line 57 from overflow page				0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)				0	0	0	0	0	0

(a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

PART 1 - ORGANIZATIONAL CHART

The following is a listing identifying and indicating the interrelationships among all affiliated insurers (identified by an asterisk, and if such insurer is incorporated in the United States of America, by a Federal Employer Identification Number, NAIC Company Code and Jurisdiction of Incorporation) and all other affiliates, except that no non-insurer affiliate or alien insurer affiliate is listed unless either its total assets, as of December 31, 2003, are equal to one-half of one percent (0.5%) of the total assets of Connecticut General Life Insurance Company, which is the largest affiliated insurer, or such non-insurer or alien had activities reported in Part 2:



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

19.1

	<u>CIGNA Dental Health of Delaware, Inc.</u> (EI# 59-2676987, NAIC # 95380, DE)
	<u>CIGNA Dental Health of Florida, Inc.</u> (EI# 59-1611217, NAIC # 52021, FL)
	<u>CIGNA Dental Health of Kansas, Inc.</u> (EI# 59-2625350, NAIC # 52024, KS)
	<u>CIGNA Dental Health of Kentucky, Inc.</u> (EI# 59-2619589, NAIC # 52108, KY)
	<u>CIGNA Dental Health of Maryland, Inc.</u> (EI# 59-2740468, NAIC # 48119, DE)
	<u>CIGNA Dental Health of Missouri, Inc.</u> (EI#06-1582068, NAIC # 11160, MO)
	<u>CIGNA Dental Health of New Jersey, Inc.</u> (EI# 59-2308062, NAIC # 11167,NJ)
	<u>CIGNA Dental Health of New Mexico, Inc. (license surrendered 3/1/04)</u> (EI# 95-4452999, NAIC # 47001, NM)
	<u>CIGNA Dental Health of North Carolina, Inc.</u> (EI# 56-1803464, NAIC # 95179, NC)
	<u>CIGNA Dental Health of Ohio, Inc.</u> (EI# 59-2579774, NAIC # 47805, OH)
	<u>CIGNA Dental Health of Pennsylvania, Inc.</u> (EI# 52-1220578, NAIC # 47041, PA)
	<u>CIGNA Dental Health of Texas, Inc.</u> (EI# 59-2676977, NAIC # 95037, TX)
	<u>CIGNA Dental Health of Virginia, Inc.</u> (EI# 52-2188914, NAIC # 52617, VA)
	<u>CIGNA Dental Health Plan of Arizona, Inc.</u> (EI# 86-0807222, NAIC # 47013, AZ)
	<u>CIGNA Financial Partners, Inc.</u>
	<u>CIGNA Financial Services, Inc. (sold 4/1/04)</u>

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

19.2

	<u>CIGNA Health Corporation</u>
	<u>Healthsource, Inc.</u>
	<u>CIGNA HealthCare of Arizona, Inc.</u> (EI# 86-0334392, NAIC#95125, AZ)
	<u>CIGNA Community Choice, Inc.</u>
	<u>CIGNA HealthCare of California, Inc.</u> (EI# 95-3310115, CA)
	<u>CIGNA HealthCare of Colorado, Inc.</u> (EI# 84-1004500, NAIC # 95604, CO)
	<u>CIGNA HealthCare of Connecticut, Inc.</u> (EI# 06-1141174, NAIC # 95660, CT)
	<u>CIGNA HealthCare of Delaware, Inc.</u> (EI# 52-1347731, NAIC # 95544, DE)
	<u>CIGNA HealthCare of Florida, Inc.</u> (EI# 59-2089259, NAIC # 95136, FL)
	<u>CIGNA HealthCare of Illinois, Inc.</u> (EI# 36-3385638, NAIC # 95602, DE)
	<u>CIGNA HealthCare of Maine, Inc.</u> (EI# 01-0418220, NAIC # 95447, ME)
	<u>CIGNA HealthCare of Massachusetts, Inc.</u> (EI# 02-0402111, NAIC # 95220, MA)
	<u>CIGNA HealthCare Mid-Atlantic, Inc.</u> (EI# 52-1404350, NAIC # 95599, MD)
	<u>CIGNA HealthCare of New Hampshire, Inc.</u> (EI# 02-0387749, NAIC # 95493, NH)
	<u>CIGNA HealthCare of New Jersey, Inc.</u> (EI# 22-2720890, NAIC # 95500, NJ)
	<u>CIGNA HealthCare of Ohio, Inc.</u> (EI# 31-1146142, NAIC # 95209, OH)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

19.3

			<u>CIGNA HealthCare of Pennsylvania, Inc.</u> (EI# 23-2301807, NAIC # 95121, PA)
			<u>CIGNA HealthCare of St. Louis, Inc.</u> (EI# 36-3359925, NAIC # 95635, MO)
			<u>CIGNA HealthCare of Utah, Inc.</u> (EI# 62-1230908, NAIC # 95518, UT)
			<u>CIGNA HealthCare of Virginia, Inc.</u> (EI# 54-1252797, NAIC # 96563, VA)
			<u>Healthsource South, Inc. (NH)</u>
			<u>CIGNA HealthCare of Georgia, Inc.</u> (EI# 58-1641057, NAIC # 96229, GA)
			<u>CIGNA HealthCare of Texas, Inc.</u> (EI# 74-2767437, NAIC # 95383, TX)
			* <u>CIGNA Insurance Group, Inc.</u> (EI# 02-0441070, NAIC # 87980, NH)
			<u>Healthsource Indiana, Inc.</u>
			<u>CIGNA HealthCare of Indiana, Inc.</u> (EI# 35-1679172, NAIC # 95525, IN)
			<u>Healthsource Management, Inc.</u>
			<u>CIGNA HealthCare of New York, Inc.</u> (EI# 11-2758941, NAIC # 95488, NY)
			<u>CIGNA HealthCare of Tennessee, Inc.</u> (EI# 62-1218053, NAIC # 95606, TN)
			<u>Healthsource Health Plans, Inc.</u>
			<u>CIGNA HealthCare of North Carolina, Inc.</u> (EI# 56-1479515, NAIC # 95132, NC)
			<u>CIGNA HealthCare of North Carolina Administrators, Inc.</u>
			<u>Physicians' Health Systems, Inc.</u>

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

				<u>*CIGNA Insurance Services Company</u> (72%) (remaining interest owned by Healthsource Management, Inc.) (EI# 57-0937292, NAIC # 63405, SC)
				<u>*CIGNA HealthCare of South Carolina, Inc.</u> (EI# 06-1185590, NAIC # 95708, SC)
			<u>*Temple Insurance Company Limited</u> (Bermuda)	
		<u>*CIGNA Life Insurance Company</u> (sold 4/1/04) (EI# 06-1050034, NAIC # 93629, CT)		
		<u>*CIGNA Life Insurance Company of Canada</u> (Canada)		
		<u>*CIGNA Life Insurance Company of New York</u> (EI# 13-2556568, NAIC # 64548, NY)		
		<u>CIGNA Vision Care, Inc.</u>		
		<u>*Connecticut General Life Insurance Company</u> (EI# 06-0303370, NAIC # 62308, CT)		
		<u>CG Alhambra, LLC</u>		
		<u>CG Ballston, LLC</u>		
		<u>CG Gillette Ridge, LLC</u>		
		<u>CG Merrick, LLC</u>		
		<u>C G Pinnacle, L.L.C.</u>		
		<u>CG Wacker Drive, L.L.C.</u>		
		<u>CIGNA Dulles Town, L L C</u>		
		<u>CIGNA Retirement Benefits Services, Inc.</u>		
		<u>Congen Properties, Inc.</u>		
		<u>CORAC, LLC</u>		
		<u>CORAC Nashville, LLC</u>		



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

19.5

		<u>Houston Properties L.L.C.</u>
		<u>KCI Investment Company L.L.C.</u>
		<u>Global Portfolio Strategies, Inc. (sold 4/1/04)</u>
		<u>International Rehabilitation Associates, Inc. d/b/a INTRACORP</u>
		<u>*Life Insurance Company of North America</u> <u>(EI# 23-1503749, NAIC # 65498, PA)</u>
		<u>*CIGNA &amp; CMC Life Insurance Company Limited (China) (50%)</u> <u>(remaining interests owned by unaffiliated parties)</u>
		<u>*LINA Life Insurance Company of Korea (Korea)</u>
		<u>Tel-Drug, Inc.</u>
	<u>CIGNA Global Holdings, Inc.</u>	
		<u>*CIGNA Global Reinsurance Company, Ltd. (Bermuda)</u>
		<u>CIGNA Holdings Overseas, Inc.</u>
		<u>* CIGNA Life Insurance Company of Europe S.A.-N.V. (Belgium) (99.998%)</u> <u>(remaining interest owned by CIGNA Global Holdings, Inc.)</u>
		<u>*CIGNA Europe Insurance Company S.A.-N.V. (Belgium) (99.999%)</u> <u>(remaining interest owned by CIGNA Holdings Overseas, Inc.)</u>
		<u>*CIGNA Seguradora S.A. (Brazil) (85.59%)</u> <u>(remaining interest owned by CIGNA Brasil Participacoes, Ltda.)</u>
		<u>*CIGNA Life Insurance New Zealand Limited (New Zealand)</u>
		<u>*CIGNA Argentina Compania de Seguros S.A. (Argentina) (99.17%) (sold 3/10/04)</u>
		<u>*Empresa Guatemalteca CIGNA de Seguros. Sociedad Anonima (Guatemala) (97.375%)</u> <u>(remaining interest owned by unaffiliated parties)</u>
		<u>Inversiones CIGNA Limitada (Chile)</u>

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

				<u>*CIGNA Compania de Seguros de Vida (Chile) S.A. (Chile) (98.64%)</u> (remaining interest owned by unaffiliated parties)
				<u>*CIGNA Worldwide Insurance Company</u> (EI# 23-2088429, NAIC # 90859, DE)
				<u>*PT. Asuransi CIGNA (Indonesia) (80%)</u> (remaining interest owned by unaffiliated parties)
				<u>*CIGNA STU S.A. (Poland) (7.03%)</u> (remaining interest owned by unaffiliated parties)
				<u>*Maxicare Healthcare Corp. (formerly known as Philippine Health Care Providers, Inc.) (Philippines) (30%)</u> (remaining interest owned by unaffiliated parties)

March 31, 2004

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing on "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory question.

RESPONSE

1. Will the SVO Compliance Certification be filed with this statement?

.....YES.....

Explanation:

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

MQ003 Additional Aggregate Lines for Page 03 Line 21.  
\*LIAB

2104.	ESCHEAT.....	33,999		33,999	0
2197.	Summary of remaining write-ins for Line 21 from Page 03	33,999	0	33,999	0

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

**STATEMENT AS OF MARCH 31, 2004 OF THE CIGNA HealthCare of Maine, Inc.**

## SCHEDULE E - PART 1 - CASH

[illegible]